

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

ADDRESS (number and street)

PO BOX 12414

☐Check if different
than previously
reported. (ACC)

ALBANY

NY

12212

2414

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00148098

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the
State of

NY

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Arlea Igoe

Signature of Treasurer

Electronically Filed by Arlea Igoe

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 6 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 292083.47 |
| (b) Cash on Hand at Beginning of Reporting Period | 246636.92 | |
| (c) Total Receipts (from Line 19) | 11655.61 | 101913.70 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 258292.53 | 393997.17 |
| 7. Total Disbursements (from Line 31) | 40669.05 | 176373.69 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 217623.48 | 217623.48 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 6 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 4 | 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 162.00 | 551.94 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 11493.61 | 88925.67 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➤ | 11655.61 | 89477.61 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤ | 11655.61 | 89477.61 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 8694.58 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 3741.51 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 11655.61 | 101913.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 11655.61 | 101913.70 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 10099.04 | 91239.30 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 30570.01 | 85134.39 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 40669.05 | 176373.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 40669.05 | 176373.69 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 11655.61 | 89477.61 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11655.61 | 89477.61 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 8694.58 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | -8694.58 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

ALVIN JOHNSON

Mailing Address 1160 MIDLAND AVE APT 10D

City

YONKERS

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
MH MAIN OFFICE

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149113

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

CHARLES KELEFANT

Mailing Address 34 RAMSEY PLACE

City

ALBANY

State

NY

Zip Code

12208

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOT MAIN OFFICE

Occupation

CIVIL ENGINEER 1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.147318

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CHARLES KELEFANT

Mailing Address 34 RAMSEY PLACE

City

ALBANY

State

NY

Zip Code

12208

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOT MAIN OFFICE

Occupation

CIVIL ENGINEER 1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149407

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

CATHERINE A. KOZLOWSKI

Mailing Address 27 MARILYN AVE

City

BINGHAMTON

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE INS FUND

Occupation

CUSTOMER SERVICE REP 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.147886

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

CATHERINE A. KOZLOWSKI

Mailing Address 27 MARILYN AVE

City

BINGHAMTON

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE INS FUND

Occupation

CUSTOMER SERVICE REP 3

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149647

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

GRACE E. LEFEBVRE

Mailing Address 74 JOLLY RD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
OF TEMP DI ASSI

Occupation

DISABILITY ANALYST 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.147563

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

32.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

GRACE E. LEFEBVRE

Mailing Address 74 JOLLY RD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
OF TEMP DI ASSI

Occupation

DISABILITY ANALYST 2

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149691

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

HELEN M. MENDOZA

Mailing Address 71 MARY ST APT 1

City

BINGHAMTON

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
OF TEMP DI ASSI

Occupation

DISABILITY ANALYST 3

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.147525

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

HELEN M. MENDOZA

Mailing Address 71 MARY ST APT 1

City

BINGHAMTON

State

NY

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer
OF TEMP DI ASSI

Occupation

DISABILITY ANALYST 3

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149624

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

SEAN P. MULLOY

Mailing Address 409 MEGHAN BLVD

City

SCHENECTADY

State

NY

Zip Code

12306

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAX FINANCE

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149887

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL MURPHY

Mailing Address 5203 Avenue L

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIV OF PAROLE

Occupation

PAROLE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.147468

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL MURPHY

Mailing Address 5203 Avenue L

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIV OF PAROLE

Occupation

PAROLE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149489

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

CYNTHIA WHITFIELD

Mailing Address 900 ROCK CITY RD LOT 75

City

BALLSTON SPA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENVIR CONS M/O

Occupation

ENVIRONMENTAL ENGINEER 2

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.146946

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

CYNTHIA WHITFIELD

Mailing Address 900 ROCK CITY RD LOT 75

City

BALLSTON SPA

State

NY

Zip Code

12020

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENVIR CONS M/O

Occupation

ENVIRONMENTAL ENGINEER 2

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.149168

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

162.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

AFT COPE

Mailing Address ELIZABETH SMITH- POLITICAL DIR
555 NEW JERSEY AVENUE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
October 2008 COPE Transfer

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.145746

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

5049.52

B.

Full Name (Last, First, Middle Initial)

SEIU COPE

Mailing Address JANE BUCKNER-POLITICAL FINANCE
1800 MASSACHUSETTS AVENUE, N.W.

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
October 2008 COPE Transfer

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.145759

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

5049.52

SUBTOTAL of Disbursements This Page (optional)

10099.04

TOTAL This Period (last page this line number only)

10099.04

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

ALCHAR PRINTING

Mailing Address 599 PAWLING AVENUE

City TROY State NY Zip Code 12180

Purpose of Disbursement
Printing- Various Postcards

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼
State: District:

Transaction ID: SB29.150150

Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

14252.76

B.

Full Name (Last, First, Middle Initial)

BLAIR BURROUGHS

Mailing Address 63-52 Saunders St
Apt 3A

City Rego Park State NY Zip Code 11374

Purpose of Disbursement
Tips for 10/25/08 Bus Trip

Candidate Name

002
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼
State: District:

Transaction ID: SB29.150151

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

JCB SPECIALTIES, INC.

Mailing Address 8 SAND CREEK ROAD

City ALBANY State NY Zip Code 12205

Purpose of Disbursement
COPE BUTTONS AND STICKERS

Candidate Name

006
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼
State: District:

Transaction ID: SB29.150229

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1088.97

SUBTOTAL of Disbursements This Page (optional)

15741.73

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A.

Full Name (Last, First, Middle Initial)

JCB SPECIALTIES, INC.

Mailing Address 8 SAND CREEK ROAD

City
ALBANYState
NYZip Code
12205Purpose of Disbursement
TEE SHIRTS AND BUTTONS

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150227

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

8975.72

B.

Full Name (Last, First, Middle Initial)

LEPRECHAUN LINES

Mailing Address 24 WINDSOR HIGHWAY

City
NEW WINDSORState
NYZip Code
12553Purpose of Disbursement
10/18/08 COPE BUS TRIP TO PHILADALPHIA

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150225

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

1268.00

C.

Full Name (Last, First, Middle Initial)

NYS PUBLIC EMPLOYEES FEDERATION

Mailing Address PO BOX 12414

City
ALBANYState
NYZip Code
12212Purpose of Disbursement
Publishing and 10/11 Bus Trip Breakfast

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150158

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

2732.24

SUBTOTAL of Disbursements This Page (optional)

12975.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. Full Name (Last, First, Middle Initial) PEF MEMBERSHIP BENEFITS

Mailing Address PO BOX 12414

City ALBANY State NY Zip Code 12212

Purpose of Disbursement

Bus Trip Raffles

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150160

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

134.00

B. Full Name (Last, First, Middle Initial) PEF MEMBERSHIP BENEFITS

Mailing Address PO BOX 12414

City ALBANY State NY Zip Code 12212

Purpose of Disbursement

Regal Tickets- Giveaway- 11/12/08

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150159

Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

44.00

C. Full Name (Last, First, Middle Initial) THE MAILWORKS

Mailing Address 45 PROSPECT AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Mail Drops

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.150155

Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

1402.54

SUBTOTAL of Disbursements This Page (optional)

1580.54

TOTAL This Period (last page this line number only)

30298.23